

Scott (M. J.)



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ON

H Y S T E R I A.

Hysteria is even still less susceptible of classification in any particular category of nervous diseases than are epilepsy and eclampsia. In this protean malady derangement of the sensory motor and psychical functions is nearly always combined with disorder of the circulatory and nutritive system. Sometimes one set of symptoms predominates, sometimes another, and there is often an exalted excitability in one part of the nervous system, expressed in the form of hyperæsthesia, or spasms, and which is complicated with interrupted irritability of some other region, evinced by anæsthesia and paralysis. We cannot as yet give a satisfactory answer to the question as to the existence of actual, although impalpable, material alteration in the nervous elements, to which the various forms of nervous derangement characteristic of hysteria are ascribable. For instance, although most patients are extremely susceptible to external irritability of the peripheral nerves, as to an over-excitability of those portions of the brain whence consciousness of the impression is derived. The former supposition is contradicted by the wide-spread character of the hyperæsthesia, as well as by the simultaneous derangement of the physical functions; the latter by the intensity of the reflex action by which hyperæsthesia is accompanied. The latter condition is only ascribable to increased irritability in the spinal ganglia. Hence, the most plausible theory of the origin of hysteria is that to which Hasse adheres, namely: "That the affection springs from a nutritive derangement of the general nervous system, both central and peripheral." The facts that hysteria is observed almost exclusively and principally in females between the age of puberty and that of the extinction of the sexual function, and that, in a great number of cases, hysteria is accompanied by a morbid condition of the sexual organs, have given rise to the supposition that hysteria is a disorder of the general nervous system, originating in the



nerves of the organs of generation. This theory, although somewhat too narrow, is true in a large number of cases. We have come to the conclusion, from the various phenomena described previously, that disease is not infrequently transmitted from the nerves, which it immediately affects to other nerves and to central organs; and, by analogy, we may infer that a morbid state of the nerves of the sexual apparatus may extend to those of the rest of the body, as well as to the central organs. The mild derangements of innervation, the hyperæsthesia, the augmented reflex irritability, and the physical disorder which shows itself in some women during the period of menstruation, would seem to depend upon a process of this nature, and, as it were, from a physiological analogue to the pathological state of the sexual organs, which exists in hysteria, arise in this manner. If a uterine infarction should develop after an abortion or a severe labor in a woman who has previously been healthy, and should this be accompanied by a well-marked hysteria; should the hysteria continue as long as the uterine disease lasts, and should it disappear as soon as we succeed in discussing the infarction, it would be manifest that to the uterus alone were due the manifold nervous derangements which we call hysteria. All diseases of the womb and ovaries do not exert an equal influence in producing this disease. Besides the infarctions, it is more especially the ulcerations of the os uteri and the flexions of the womb which induce hysterical symptoms, while in cases of malignant growths and destructive affections, hysteria is much less common. Of the ovarian diseases the dermoid cysts of moderate size cause hysteria much oftener than do the very large sacs resulting from cystoid growths. In some cases irritation of the genitals, arising from excessive coitus, or imperfectly effected coitus, from Onanism, or from simple sexual excitement, has an influence upon the nervous system similar to that of the textural lesions of the sexual apparatus, above mentioned. But it would be both narrow and frivolous, and indicative of a most imperfect comprehension of the nature of woman, to ascribe all cases of hysteria, whose source would not be traced, to structural change of the genitals, to over-excited sexual appetite, or to its unnatural gratification. I certainly am no optimist, indeed rather incline in the other direction, but I cannot believe that all hysterical widows, and old maids who become hysterical, without exhibiting any structural disease of their genital apparatus, suffer from suppressed sexual passion, or gratify it in an illegitimate manner.

Indeed, every day we have the opportunity of observing that mental emotion has an influence upon the excitability of the vaso-motor and nutritive nerves; that it causes the cheeks to redden or grow pale, muscles of the skin to contract or relax, the tears or saliva to flow. If all these various disturbances of innervation can arise from transitory physical impressions, it is easy to imagine that permanent nervous derangement, with disease of

texture of the nervous system, may develop under the influence of the permanent mental emotions which beset a woman who finds all the hopes of her life disappointed, who believes that she has failed in her vocation, and who, under the depression consequent upon such feelings, is unable [to divert her thoughts into other channels. I admit the manner in which the continuous action of the physical impressions modifies the nutrition of the general nervous system, and thus leads to hysteria, is obscure; but it cannot be maintained that our insight into the mode in which disease of the genital nerves extends to other portions of the nervous system is any more clear. The state of mind which leads to hysteria depends not only upon external accidents upon the individual. A fate which may befall one person without producing any apparent affect, may be the source of the deepest and most lasting depression in another. I heartily agree with Hasse, that, though hysteria is often seen in women wedded to impotent men, yet it originates quite frequently in the sombre feeling and miserable consciousness of a wasted life, which result when social claims of married life are not duly respected, or when the sentimental anticipations and fantastic ideals of a foolish girl are not realized.

The nutritive derangement of the nervous system, from which hysteria arises, may also be induced by improper nourishment. We have sufficient proof of this fact in the frequent occurrence of this complaint in cases of chlorosis and impoverishment of the blood unaccompanied by any disease of the sexual organs, by sensual excitement or Onanism and where it cannot be traced, in the remotest degree to the physical impression above alluded to.

There is a great variety as to the degrees of predisposition to hysteria. All the women with uterine infarction, or uterine flexion, or who have ulceration of the os uteri, are not necessarily hysterical, nor are all the old maids who believe their lives to have been thrown away, nor all the chlorotic girls. On the other hand, I have no hesitation in asserting that a tendency, either congenital or acquired, plays a much more important role in inducing this affection than all other causes mentioned hitherto. The truth of this assertion is easy of proof. If we examine large numbers of women we find moderate degrees of uterine infarction, slight flexions of the uterus and erosions of the os to be so very common that the number of hysterical women would be equal to that of the non-hysterical ones, if affections like these alone sufficed to occasion hysteria, without the co-existence of a decided predisposition to such disease. It rarely begins to manifest itself before the twelfth or fifteenth year of life and very seldom appears in old age. It frequently outlasts the period of child-bearing and continues, in a moderate degree, during the climacteric years.

The tendency to it is often congenital. Although a patient may have

descended from a hysterical mother, and that mother also from hysterical parents, this alone is no absolute proof of the existence of such hereditary tendency, as it may have proceeded from injudicious training, which has likewise propagated itself in the family for generations.

SYMPTOMS AND COURSE.

Owing to the complicated nature of the symptoms of hysteria, and to the varied character of its course, it is impossible to give a brief and comprehensive description of this disease. Hence we depart from our usual practice in describing hysteria and instead of drawing a picture of the affection itself I shall give a classified discussion of its symptoms.

Derangement of sensibility is a very common symptom, and is scarcely ever absent in any case of hysteria. "General nervousness," as the laity call it, is the first symptom of this class to which we shall refer. It often exists for years uncomplicated by any other form of the disease. This nervousness is sometimes evinced by an unusual acuteness of the senses. Some patients are able, by touch alone, to perceive the most trifling difference of weight and temperature, and thus to distinguish objects from one another, with their eyes shut, which healthy persons could not have distinguished. It is easy to understand that a faculty of this kind seems very wonderful to the masses, and that it often is made use of for purposes of imposture. In similar manner some patients have the sense of smell developed to a degree usually found in ~~anywhere~~ alone. They are able to distinguish persons and things in the most remarkable manner, merely by their olfactory sense; or they may be able to hear and to recognize the step of a person who is still far off. Similar acuteness of the sense of taste has also been reported. Fortunately, however, hysterical hyperesthesia rarely takes the form of abnormal acuteness of the senses, or else the number of clairvoyants would be still greater than it is. Far more frequently the hyperesthesia of hysteria shows itself in the annoyance produced by a very slight degree of stimulation of the nerves of special sense. While, in a healthy person, it requires a very loud sound, a very strong smell, a very bitter or acid substance, or a very bright light, to produce an unpleasant effect upon the senses, hysterical persons complain if we elevate our voice a little in speaking, and beg us to talk in a whisper. They will often banish all flowers from their rooms because they cannot endure the odor of them; or will reject food if it contains the slightest particle of spice. To some hysterical persons bright daylight is quite intolerable, so that they constantly keep their eyes closed; to others a red color is unendurable, and no one must approach them without first putting off any red ribbon or article of clothing they may be wearing. This great sensitiveness to comparatively slight stimulus is often associated with idiosyncrasies.

Certain forms of irritation, which from their quality rather than from their intensity, are repulsive to healthy subjects, afford a sense of gratification to hysterical persons, and conversely stimulant, which are pleasant to a well person, often offend the senses of one who is hysterical. It is notorious that many hysterical people love the smell of burnt feathers, and take asafœtida without repugnance, while the odor of hyacinths, violets and other most agreeable perfumes is insupportable to them. Besides these signs of morbid irritability, there are other states of excitement of the sensory nerves which must be regarded as of a different character. In the first place there are neuralgias, especially prosopalgia, migraine, mastodynæ and ischias, all of which are of common occurrence in hysteria. Closely related to these there is a form of pain which is also very common and which is generally confined to one which is known by name of slaves' hysterius. Besides this there is the almost never failing tenderness to pressure on the back, and finally, those very peculiar hysterical affections of the joints (*Arthropathia Hysterica*) which consists in pain in the articulation, often of such exquisite severity and so obstinate a duration as to be liable to be mistaken for grave inflammation. Morbid excitement of the nerves of special sense may also occur which cannot be accounted for by the action of any corresponding irritant. Some patients are never free from the sense of a certain taste or smell; some complain of roaring and buzzing in the ears, or of spots before their eyes. It is very remarkable that, besides these phenomena, indicative of exalted excitability, and of a morbid irritability of the sensory nerves, there should also be an anaesthesia involving a variable extent of the surface of the body. It is doubtful whether this anaesthesia be attributable to suspension of function of the peripheral nerves, or to an extinction of irritability at the nerve centres.

All the derangements of sensation, hitherto described, have depended upon morbid irritability of the cutaneous nerves and of the nerves of special sense. Connected with these there is a series of perverted sensations in the internal organs. While, in ordinary circumstances, we have either no perception at all (or at most a very obscure one) of the condition of the internal viscera, as long as they are in good order, and while, without laying the hand upon the part, we are unaware of its pulsations; and while respiration goes on without our consciousness of the necessity for such an act; and while we have no perception whatever of the ordinary state of our stomachs and bowels, yet hysterical individuals have the greatest variety of complaints to make as to the condition of their internal organs, and claim to suffer the most extraordinary sensations. They nearly all complain of palpitation of the part—many of them of pulsation of the vessels.

Upon examining the heart-beat and the pulse, we easily satisfy ourselves

that such sensations are but subjective ones, and that the shock of the heart is not really increased, nor is the pulse full and hard. It is the same with shortness of breath. Sometimes the patient breathes laboriously and quickly, complains of the utmost oppression; but, after the exclusion of the possible existence of any disease of the air passages or circulation, or of a morbid state of the blood capable of accounting for such dyspnoea, we may assure ourselves that it is purely a case of hyperæsthesia or of perverted sensation.

Besides this, although their digestion may be excellent, nearly all hysterical patients complain of a sense of pressure and fullness in the region of the stomach, or else of cardialgia, and, independent of the colic which sometimes troubles them, give most extraordinary accounts of the sensations which they feel in their abdomens.

Under this head also come the thirst often observed in hysterical persons and the frequently-recurring desire to empty the bladder, although it is not full. Perverted sensations in the sexual organs are much more rare than might be supposed, more so, indeed, than has been represented by many authorities. The derangements of the motor functions observed in hysteria are scarcely less numerous and varied than those of sensations. Their most common form is that of hysterical convulsions. There is no doubt but that morbid excitement of the motor nerves, which gives rise to hysterical spasm, proceeds from the spinal marrow and medulla oblongata. One of their characteristic signs is, that they never cause loss of consciousness. It is usually supposed that hysterical convulsions are of reflex origin, so that the spinal cord can only transmit the impression conveyed to it from the sensory nerves to the motor nerves. As the convolution frequently springs from impressions produced upon the sensory nerves, or the nerves of special sense, it seems probable that this theory is the correct one. Hence, in cases where the convulsions seem to occur spontaneously, we must suppose that the cause has eluded our observation. In some cases hysterical fits consist in a mere twitching of one or more of the limbs, especially of the arms. They often recur at short intervals, for a while, whenever the temper of the patient is excited, and whenever stimuli even of moderate strength act upon the nerves of sensation or those of special sense. In other cases the spasms extend more or less over the entire body. They occur in violent paroxysms, and many almost assume the appearance of tetanic spasms, and still oftener of epileptic convulsions. The patient often foams at the mouth, her thumbs are clinched in the palms of the hands—the only sign by which the attack may be distinguished from an epileptic one, being loss of consciousness. Very often spasm involves the group of muscles which operate in producing some complex act, such as yawning, crying, although the mental emotion

which they are generally induced is not present. Thus spasmoidic expiratory movements, combined with spasmoidic contraction of the rima glottidis and tension of the vocal cords give rise to that obstinate cough known as hysterical cough and to its modifications consisting of barking and whining sounds. Spasmoidic contraction of the oesophagus, extending from below upward, gives the patient a feeling as if a ball were rising from the oesophagus into the throat, a symptom commonly called globus hystericus.

Among the derangements of the vaso-motor and nutritive nervous system the most striking is the uneven and fluctuating state of the circulation in peripheral regions. Most patients constantly have cold hands and feet, while, without apparent cause, the natural color of the face gives place to a glowing redness, often accompanied by a disagreeable burning sensation. It is uncertain whether the secretions of saliva and that of the juices of the stomach and intestines are also modified by spasmoidic contraction or paralytic dilation of the vessels of those organs; on the other hand, it undoubtedly is through derangement of innervation that the determination of blood to the kidneys arises, which causes the profuse secretion of urine of a limpid appearance, and is often described as hysterical urine—urina spastica.

It is very difficult to furnish a brief and comprehensive description of the physical derangements observed in hysteria. In the first place, at outset of affection, we are struck by the rapid fluctuation which takes place in the spirits of the patient, and by the sudden transition from the most unbounded gaiety to the profoundest gloom.

These symptoms are in part ascribed to the psychical hyperesthesia described above, and in part to physical hyperesthesia, by which it is accompanied. As mental impressions produce an unusual influence upon the temper of the patient, so too, suggestions which would produce no apparent effect upon the spirits of a healthy person, produce a sense of annoyance or of repugnance in an hysterical one, although more rarely the sensation is one of gratification and pleasure. While the affection is still recent it is almost always possible, by adroitly conducting the conversation in the course of a few minutes, to make the patient laugh and weep alternately. There is much variety as to the course, duration and results of hysteria. In most instances the disease comes on gradually. At first the only symptoms are those of bodily and mental hyperesthesia and their consequences, and it is not until afterward that the convulsions and other symptoms of greater or less violence show themselves. Sometimes they never appear. In rare instances the complaint begins with an attack of hysterics running an acute course, the other symptoms not making their appearance until afterward. At the menstrual period and immediately prior to it, the disease is almost always aggravated; sometimes, indeed,

there never are any fits, excepting at this period. There is no fixed rule to the sensations of hysteria. It may continue for years with varying intensity, although during the climacteric years, it nearly always becomes milder. Recovery is not uncommon, the physician's art having many triumph over hysteria to celebrate. There are plenty of cases, it is true, which are never cured, and indeed, which do not even improve.

Sometimes the malady runs into epilepsy or insanity. Death from hysteria, however, is rare. There are only a few scattered cases on record in which death has occurred during violent convulsions, probably owing to embarrassment of respiration.

Treatment is best, I would say on general principles, aperient tonics, &c.

ST. LOUIS, February 1, 1870.